

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Committee for a Democratic Future

ADDRESS (number and street)

25 Roydon Road

Check if different  
than previously  
reported. (ACC)

New Haven

CT

06511

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00370122

3. IS THIS  
REPORTNEW  
(N)**OR**AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2006

through

07

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Gerald T. Weiner

Signature of Treasurer

Electronically Filed by Mr. Gerald T. Weiner

Date

08

18

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Committee for a Democratic Future

Report Covering the Period:

From:

M	M		D	D		Y	Y	Y	Y
0	7		0	1		2	0	0	6

To:

M	M		D	D		Y	Y	Y	Y
0	7		3	1		2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		41336.98
(b) Cash on Hand at Beginning of Reporting Period .....	54082.06	
(c) Total Receipts (from Line 19) .....	0.00	59550.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	54082.06	100886.98
7. Total Disbursements (from Line 31) .....	19960.53	66765.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	34121.53	34121.53
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Committee for a Democratic Future

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	26550.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	26550.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	33000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	0.00	59550.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	0.00	59550.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	0.00	59550.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		4960.53	50765.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		4960.53	50765.45
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		15000.00	16000.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees .....		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		19960.53	66765.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		19960.53	66765.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	0.00	59550.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	59550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4960.53	50765.45
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4960.53	50765.45

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

Full Name (Last, First, Middle Initial)

**A.** Ms Gaylord Bourne

Mailing Address 25 Roydon Road

City  
New Haven

State  
CT

Zip Code  
06511

Purpose of Disbursement  
Accounting Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7093

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** Citizens Bank

Mailing Address 209 Church Street

City  
New Haven

State  
CT

Zip Code  
06510

Purpose of Disbursement  
Federal Withholding Tax

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7084

Date of Disbursement

/   /

Amount of Each Disbursement this Period

198.60

Full Name (Last, First, Middle Initial)

**C.** D.C. Treasurer

Mailing Address Ben Franklin Station  
P.O. Box 7792

City  
Washington

State  
DC

Zip Code  
20044-7792

Purpose of Disbursement  
DC Withholding Tax

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7086

Date of Disbursement

/   /

Amount of Each Disbursement this Period

29.79

**SUBTOTAL** of Disbursements This Page (optional) .....

528.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

Full Name (Last, First, Middle Initial)

## **A. Federal City Caterers**

Mailing Address 1119 12th Street NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7089

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2063.12

Full Name (Last, First, Middle Initial)

## **B. Fraioli & Associates**

Mailing Address 80 F Street Suite 804

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
Fundraising Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7079

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Fraioli & Associates**

Mailing Address 80 F Street Suite 804

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
Fundraising Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7098

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3063.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

Full Name (Last, First, Middle Initial)

**A.** Howard's Barbecue, Inc

Mailing Address 100 South Main Street

City  
Lillington

State  
NC

Zip Code  
27546

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.7092

Date of Disbursement

/   /

Amount of Each Disbursement this Period

352.56

Full Name (Last, First, Middle Initial)

**B.** Marla's Magic

Mailing Address 1004 Highland Drive

City  
Silver Spring

State  
MD

Zip Code  
20910

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.7099

Date of Disbursement

/   /

Amount of Each Disbursement this Period

86.00

Full Name (Last, First, Middle Initial)

**C.** Perkins Coie

Mailing Address 1201 Third Ave

City  
Seattle

State  
WA

Zip Code  
98101

Purpose of Disbursement  
Legal Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.7080

Date of Disbursement

/   /

Amount of Each Disbursement this Period

103.80

**SUBTOTAL** of Disbursements This Page (optional) .....

542.36

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

Full Name (Last, First, Middle Initial)

**A.** Schneider's of Capitol Hill

Mailing Address 300 Massachusetts Ave, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7100

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

113.19

Full Name (Last, First, Middle Initial)

**B.** United Parcel Service

Mailing Address PO Box 650580

City Dallas State TX Zip Code 75265

Purpose of Disbursement  
Delivery

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7081

Date of Disbursement

07 / 05 / 2006

Amount of Each Disbursement this Period

26.91

Full Name (Last, First, Middle Initial)

**C.** United Parcel Service

Mailing Address PO Box 650580

City Dallas State TX Zip Code 75265

Purpose of Disbursement  
Delivery

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7101

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

22.27

**SUBTOTAL** of Disbursements This Page (optional) .....

162.37

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

Full Name (Last, First, Middle Initial)

**A.** Mr. Richard Wallis

Mailing Address 85 Oak Street

City  
Lillington

State  
NC

Zip Code  
27546

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7096

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** Mrs. Cathy S Weber

Mailing Address 50 Daisy Street

City  
New Haven

State  
CT

Zip Code  
06511

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7078

Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.41

Full Name (Last, First, Middle Initial)

**C.** Mrs. Cathy S Weber

Mailing Address 50 Daisy Street

City  
New Haven

State  
CT

Zip Code  
06511

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.7083

Date of Disbursement

/   /

Amount of Each Disbursement this Period

80.82

**SUBTOTAL** of Disbursements This Page (optional) .....

421.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

Full Name (Last, First, Middle Initial)

**A.** Ms Jasmine Zamani

Mailing Address 2137 N St. ,NW Apt. 2

City  
Washington

State  
DC

Zip Code  
20037

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7082

Date of Disbursement

/   /

Amount of Each Disbursement this Period

205.93

**SUBTOTAL** of Disbursements This Page (optional) .....

205.93

**TOTAL** This Period (last page this line number only) .....

4923.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Committee for a Democratic Future

Full Name (Last, First, Middle Initial)

**A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**Mailing Address 430 South Capitol Street SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.7108

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

15000.00